

COUNTY HOSPITAL

CONSCIOUS SEDATION DOCUMENTATION

ADDRESSOGRAPH STAMP

I. PRE-PROCEDURE ASSESSMENT

Diagnosis: _____ Allergies: _____
 Last PO Intake Time: _____ Weight: _____ Procedure: _____
 Physician: _____ Informed consent obtained: Yes No
 Equipment: Patent IV Oxygen Cardiac Monitor B/P Monitor Airway Adjuncts Defibrillator Pulse Ox
 Suction Apparatus Ambu Bag Emergency Drugs
 A. LOC: Awake and Oriented Confused Drowsy Lethargic Time Out for Site / Procedure Verification
 B. Skin: Warm Cool Dry Moist Color: _____
 C. Resp Status: Breathing Unassisted Ventilated Oxygen per Cannula _____ L/min. Mask _____ L/min.
 D. Movement: Moving U/L Extrem. Not Moving, Location _____
 E. IV Site: _____ IV Solution: _____
 F. Emotional Status: Calm Apprehensive Restless Crying Assessed by: _____
 G. Vital Signs: Temp _____ Pulse _____ Resp _____ B/P _____ Pulse Ox _____
 H. Anticipated Plan for Post Procedural Care: Discharge Transfer SCA Med-Surg

II. INTRA-PROCEDURE ASSESSMENT

Sedation Start: _____ Procedure Start: _____
 A. Positioning: Supine Prone Lateral Left Right
 B. LOC: Awake and Oriented Confused Drowsy
 Lethargic Speech Clear Speech Slurred
 C. Emotional Status: Calm Apprehensive Restless
 Crying Assessed By: _____
 D. Resp Status: Breathing Unassisted Ventilated
 Oxygen per Cannula _____ L/min. Mask _____ L/min.

III. POST-PROCEDURE ASSESSMENT / MONITORING

Supplemental ~~Notes~~ Notes: Yes No
 A. LOC: Awake and Oriented Confused Drowsy
 Lethargic Speech Clear Speech Slurred
 B. Skin: Warm Cool Dry Moist Color _____
 C. IV Intake: _____ Output: Urine _____ Emesis _____
 D. Resp Status: Breathing Unassisted Ventilated
 Oxygen per Cannula _____ L/min. Mask _____ L/min.
 E. Movement: Moving U/L Extrem. Not Moving, Location _____
 F. Emotional Status: Calm Apprehensive Restless
 Crying Assessed By: _____

TIME																					
Medication																					
B/P																					
Pulse																					
Resp																					
Pulse OX																					
O2 Delivery																					
Rhythm																					
M. Aldrete Score																					
Pain Level																					
Response to Med.																					

MODIFIED ALDRETE SCORING

ACTIVITY

Able to move 4 extremities 2
 Able to move 2 extremities 1
 Able to move 0 extremities 0

COLOR

Pink 2
 Pale, dusky, blotchy 1
 Cyanotic 0

CIRCULATION

B/P +/- 20% pre-sedation level 2
 B/P +/- 20-40% pre-sedation level 1
 B/P +/- 50% pre-sedation level 0

CONSCIOUSNESS

Fully awake 2
 Arousable on calling 1
 Not responding 0

RESPIRATION

Able to breathe deeply & cough 2
 Shallow or limited breathing 1
 Apneic 0

PAIN

Minimal 2
 Moderate 1
 Severe 0

Modified Aldrete Score should be done pre-sedation, 30 minutes post procedure and prior to discharge.
 A score of 10 or greater is required for patient to be recovered.

NURSING CARE PLAN - CONSCIOUS SEDATION

Initial If Activated	Nursing Diagnosis	Expected Outcome	Nursing Interventions	Expected Outcome Achieved
	1. Potential for impaired gas exchange related to anesthesia or airway obstruction. Signs & Symptoms: *difficulty breathing *cyanosis *decreased SaO2 *restlessness *increased heart rate	1. Stable respiratory status as evidenced by: ___ Patient respirations are even and effortless ___ Clear breath sounds ___ SaO2 greater than _____ % ___ Symmetrical chest expansions	1. A. Assess continuously for signs of inadequate ventilation. B. Record respiratory rate every 5 minutes for first 30 minutes and PRN. C. Stimulate pt. by touch or verbal stimuli. D. Administer and document O2 as ordered. E. Administer and document stimulant agents as ordered by MD or CRNA. F. Suction pt. as indicated. G. Assess airway. H. Monitor SaO2. I. Evaluate pt.'s response to treatment. J. Notify MD of respiratory problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Potential injury related to emergence delirium.	2. Sustains no injury.	2. A. Keep side rails up at all times. B. Restrain pt. as necessary. C. Administer sedative medications as ordered. D. Evaluate pt.'s response to treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Knowledge deficit related to: ___ medications ___ surgery / procedure ___ pain management ___ post-op care	3. Patient demonstrates / restates instruction given.	3. A. Assess orientation and orient PRN. B. Encourage patient to ask questions. C. Assess ability of patient to understand instructions and cooperate. D. Instruct on equipment, procedures, purpose.	<input type="checkbox"/> Yes <input type="checkbox"/> No

NURSING PROGRESS NOTES

IV. DISCHARGE

Alert / Reactive	___Y ___N
M. Aldrete Score	

Discharge to care of: _____

Admit to Hospital Transfer _____

Post Procedure Instructions to: ___ Patient ___ Escort

Follow-up Appt. / Date / Time: _____

Time Released: _____

NURSE SIGNATURE: _____ DATE: _____